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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		10/622,932	
	<b>Filing Date</b>		July 18, 2003	
	<b>First Named Inventor</b>		Subhashis Banerjee	
	<b>Title</b>	TREATMENT OF PSORIASIS USING TNF-ALPHA ANTIBODIES		
	<b>Art Unit</b>	1643		
	<b>Examiner Name</b>	David J. Blanchard		
		<b>Attorney Docket No.</b>	117813-18705	
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">87501</div>				
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
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<input type="checkbox"/> Firm or Individual Name				
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<input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i>				
<b>SIGNATURE of Applicant or Assignee of Record</b>				
Signature		Date		
Name		Telephone		
Title and Company		Assistant Secretary		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.				